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496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER California Taxpayers Advocate			Date of This Filing <u>10/21/2014</u>		Date Stamp 2014 OCT 22 AM 8 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916) 285-5733		I.D. NUMBER (if applicable) 1327218		Report No. <u>7767287-KL</u>		
STREET ADDRESS 1787 Tribute Road, Suite K				<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95815		No. of Pages <u>1</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Diane Dixon				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD City Council Member: City of Newport Beach District 1	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/20/2014	Mailer (Estimated Costs) Cumulative to date total \$1363.60	1,363.60

Reason for Amendment: _____